

County: Monroe  
ROLLING HILLS REHABILITATION CENTER  
14345 COUNTY HIGHWAY B

Facility ID: 7750

Page 1

SPARTA 54656 Phone:(608) 269-8800  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/02): 105  
Total Licensed Bed Capacity (12/31/02): 120  
Number of Residents on 12/31/02: 92

Ownership:  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 96

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		33.7
Supp. Home Care-Personal Care	No					More Than 4 Years		35.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	10.9			30.4
Day Services	No	Mental Illness (Org./Psy)	44.6	65 - 74	15.2			-----
Respite Care	Yes	Mental Illness (Other)	6.5	75 - 84	41.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	28.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.3	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	1.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	5.4		100.0	(12/31/02)		
Other Meals	Yes	Cardiovascular	6.5	65 & Over	89.1	-----		
Transportation	No	Cerebrovascular	10.9		-----	RNs		10.3
Referral Service	No	Diabetes	3.3	Sex	%	LPNs		6.0
Other Services	Yes	Respiratory	5.4	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	16.3	Male	42.4	Aides, & Orderlies		
Mentally Ill	No		-----	Female	57.6	58.6		
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

\*\*\*\*\*

#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0		127	2	3.0	127	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.2
Skilled Care	5	100.0	286		109	60	89.6	109	1	100.0	120	19	100.0	120	0	0.0	0	0	0.0	0	85	92.4
Intermediate	---	---	---		90	4	6.0	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.3
Limited Care	---	---	---		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---		162	1	1.5	162	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.1
Traumatic Brain Inj	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0				67	100.0		1	100.0		19	100.0		0	0.0		0	0.0		92	100.0

*****									
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
Percent Admissions from:		Activities of		% Needing		% Totally		Total	
				Assistance of				Number of	
Private Home/No Home Health	5.0	Daily Living (ADL)	Independent	One Or Two Staff		Dependent	Residents		
Private Home/With Home Health	7.9	Bathing	13.0	58.7		28.3	92		
Other Nursing Homes	4.0	Dressing	22.8	56.5		20.7	92		
Acute Care Hospitals	69.3	Transferring	34.8	41.3		23.9	92		
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	23.9	55.4		20.7	92		
Rehabilitation Hospitals	0.0	Eating	58.7	21.7		19.6	92		
Other Locations	13.9	*****							
Total Number of Admissions	101	Continence		% Special Treatments					
Percent Discharges To:		Indwelling Or External Catheter		2.2		Receiving Respiratory Care		3.3	
Private Home/No Home Health	12.5	Occ/Freq. Incontinent of Bladder		54.3		Receiving Tracheostomy Care		1.1	
Private Home/With Home Health	20.5	Occ/Freq. Incontinent of Bowel		30.4		Receiving Suctioning		1.1	
Other Nursing Homes	6.3					Receiving Ostomy Care		2.2	
Acute Care Hospitals	2.7	Mobility				Receiving Tube Feeding		1.1	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		5.4		Receiving Mechanically Altered Diets		43.5	
Rehabilitation Hospitals	0.0								
Other Locations	16.1	Skin Care				Other Resident Characteristics			
Deaths	42.0	With Pressure Sores		1.1		Have Advance Directives		79.3	
Total Number of Discharges		With Rashes		4.3		Medications			
(Including Deaths)	112					Receiving Psychoactive Drugs		33.7	

\*\*\*\*\*  
Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

*****									
		This Facility	Ownership: Government	Bed Size: 100-199	Licensure: Skilled	All Facilities			
		%	Peer Group Ratio	Peer Group Ratio	Peer Group Ratio	Peer Group Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds		79.7	86.3	0.92	82.4	0.97	83.3	0.96	85.1
Current Residents from In-County		78.3	75.8	1.03	79.0	0.99	75.8	1.03	76.6
Admissions from In-County, Still Residing		26.7	27.1	0.99	21.3	1.26	22.0	1.22	20.3
Admissions/Average Daily Census		105.2	96.4	1.09	130.4	0.81	118.1	0.89	133.4
Discharges/Average Daily Census		116.7	98.7	1.18	132.8	0.88	120.6	0.97	135.3
Discharges To Private Residence/Average Daily Census		38.5	41.6	0.93	58.2	0.66	49.9	0.77	56.6
Residents Receiving Skilled Care		94.6	91.9	1.03	93.4	1.01	93.5	1.01	86.3
Residents Aged 65 and Older		89.1	87.8	1.01	94.2	0.95	93.8	0.95	87.7
Title 19 (Medicaid) Funded Residents		72.8	67.7	1.08	73.9	0.98	70.5	1.03	67.5
Private Pay Funded Residents		20.7	19.7	1.05	17.0	1.21	19.3	1.07	21.0
Developmentally Disabled Residents		0.0	0.6	0.00	0.8	0.00	0.7	0.00	7.1
Mentally Ill Residents		51.1	47.5	1.08	34.5	1.48	37.7	1.35	33.3
General Medical Service Residents		16.3	15.9	1.02	19.0	0.86	18.1	0.90	20.5
Impaired ADL (Mean)		46.1	47.8	0.96	48.0	0.96	47.5	0.97	49.3
Psychological Problems		33.7	56.9	0.59	51.4	0.66	52.9	0.64	54.0
Nursing Care Required (Mean)		7.2	5.9	1.22	6.8	1.06	6.8	1.06	7.2